

(NOTARY SEAL)

Ault Police Department
201 1st Street / PO Box 1098 Ault, Colorado 80610 Tel (970) 834-1336 - Fax (970) 834-2199



AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I,	, do hereby authorize a review of and full disclosure of al
records, or any part thereof, concerning myself, by and to said reports are of public, private or confidential nature.	ANY duly authorized agent of the Ault Police Department, whether the
The intent of this authorization is to give my consent for financial or credit institutions, including records of depoloans, and also the records of commercial or retail cr companies; employment and pre-employment records, in filed by or against me, and salary records; real and persor and records wherever filed; records of complaint, arrest, criminal, civil and/or traffic records; the results of any po	full and complete disclosure of the records of educational institutions osits, withdrawals and balances of checking and savings accounts, and redit agencies (including credit reports and/or ratings); public utility ocluding background reports, efficiency ratings, complaints or grievance and property tax statements and records, and other financial statement trial and/or convictions for alleged or actual violations of law, including lygraph examinations; records of complaint of a civil nature made by o ords and recollections of attorneys at law, or of other counsel, whether presently have, or have an interest.
I reiterate, and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the Au Police Department to consider in determining my suitability for employment by that department. It is my specific intent provide access to personal information, however personal or confidential it may appear to be, and the sources of informatic specifically identified herein.	
investigation, which is developed directly or indirectly, i suitability for employment. I understand that all materia	insider any information obtained by a personal history background in whole or in part, upon this release authorization in determining makes pertaining to this background investigation become the property of me. I also certify that no person(s) will be held liable in any way for
A copy of this release form will be valid as an original th signature.	ereof, even though the said photocopy does not contain writing of my
A notary MUST notarize this fo	orm before your application will be accepted S FORM IN FRONT OF THE NOTARY
Signature of Applicant	Date Signed
Address:	Date of Birth:
	Driver's License # and State:
Phone Number: ()	
Subscribed and sworn before me in the county of _	, State of Colorado,
this day of, 2	20
	Notary's Official Signature
	,,

Commission Expiration